APPLICATION FOR DENTAL HYGIENE REINSTATEMENT

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303
www.gbd.georgia.gov

Please read the instructions carefully and be familiar with the laws and rules governing the practice of dentistry in the State of Georgia. Visit the board's web site for information: **www.gbd.georgia.gov**

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing and are void after one year.

*****NOTE – IF YOU ARE PRACTING IN GEORGIA & YOUR LICENSE HAS EXPIRED – YOU CANNOT CONTINUE TO PRACTICE UNTIL YOUR LICENSE HAS BEEN REINSTATED – YOU MUST IMMEDIATELY CEASE & DESIST PRACTICE.*****

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The $375 non-refundable application fee payable by check or money order to the Georgia Board of Dentistry must be included with your application.
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

1. **NOTARIZED APPLICATION: Completed application form** accompanied by the appropriate fee. Your application will not be processed unless the fee and all supporting documents are received. If reinstatement is granted, the licensee will be required to renew by the last day of December in ODD numbered years, regardless of when you were reinstated. The licensure process could take up to a minimum of 30 days after submission of a completed application. Further, **all reinstatement applications must be considered by the Board. Plan your application time accordingly.**

2. **LICENSE VERIFICATION: Official license verification** for **every** dental/dental hygiene license **ever** held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked,

etc.) standing of license, any disciplinary charges made against you by the licensing board and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The verifications must be submitted with your application IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD EACH LICENSING STATE, and must be dated within four months of Board receipt of your complete application packet.

3. **JURISPRUDENCE EXAMINATION:** Successful completion of the Jurisprudence Examination with a score or 75 or higher. The Jurisprudence examination may be taken as an open book exam. The examination and "law and rules" governing the practice of dental hygiene in Georgia may be obtained on the Georgia Board of Dentistry website at: www.gbd.georgia.gov. Score is only valid for one (1) year.

4. **NATIONAL PRACTITIONER DATA BANK:** To obtain a self query from the NPDB-HIPDB, please visit www.npdb-hipdb.com or call the Customer Service Center at 1-800-767-6732.

   If the National Practitioner Data Bank (NPDB) report provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. The ONLY applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and who have never been issued a dental license in any state or U.S. territory.
   The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:
   1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
   2) a copy of the final action, disposition, or settlement,
   3) a personal explanation of the disciplinary action or the malpractice claim, and
   4) any further information requested by the Board in separate communications.

5. **CPR:** Submit a photocopy of your current CPR certification in compliance with **Board Rule 150-5-.04**.

6. **RESUME OR CURRICULUM VITAE:** List chronologically all employment, hospital privileges, specialty training and all other experience in the practice of dentistry. Include names, beginning and ending dates, and locations, where applicable. Explain any intervals where you were not in training or practicing dentistry.

7. **FOUR (4) REFERENCES** (form attached): The reference forms must be mailed in with the application **IN THE ORIGINAL SEALED ENVELOPE FROM THE REFERENCE**.

8. **CONTINUING EDUCATION:** All licensees are required to have continuing education credits in order to maintain a license in the State of Georgia.
    - **Hygienists** must submit proof of 22 hours of Board approved continuing education obtained within the last two (2) years from the of submission of application for Board approval. (Submit photocopies only- **original certificates will not be returned**)

    Note: An additional 22 hours for hygienists must be obtained for the upcoming renewal period. The hours submitted for reinstatement of license cannot be used to fulfill the requirements for an upcoming license renewal period.

9. **MALPRACTICE QUESTIONNAIRE:** Be sure to complete one for each suit and attach the necessary documentation. (If not applicable, write N/A on the form sign, date, and return with application).

10. **RELOCATION:** If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax to 678-717-6694 or mail. This will enable you to receive Board correspondence.

Reminder: It is against the law to practice dental hygiene with a lapsed/expired license. An individual who continues to practice with a lapsed/expired license is subject to a fine and disciplinary action.

In accordance with Rule 150-3-.05, as a condition precedent to reinstatement after five (5) years have passed without the applicant being actively engaged in the practice of dentistry or dental hygiene, the Board may, in its discretion, require passage of an examination administered by the Georgia Board of Dentistry or a Regional Testing Agency designated and approved by the Board. In addition, the Board may require documentation from a physician or physicians licensed in the State of Georgia that establishes to the satisfaction of the Board that the applicant is able to practice with reasonable skill and safety to patients.

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Reinstatement Policy

For any reinstatement application citing problems, (not having CE during last biennial\renewal period, convictions, disciplinary action in other states, impairment, etc.) the licensee will be scheduled to a meeting with the Licensure Overview Committee and the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	**X**		**X**	
5 yrs - <10 yrs	**X**	**X**	**X**	**X**
10 yrs - +		**X**	**X**	**X**

For licensees that state that they **have not been practicing** without a license since the date that the license lapsed are reinstated without a consent order. However, the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	**X**		**X**	
5 yrs - <10 yrs	**X**	**X**	**X**	**X**
10 yrs - +		**X**	**X**	**X**

For licensees that state that they **have been practicing** without a license since the date that the license lapsed are reinstated and the matter is referred to Legal Services to send a public consent order citing the dates of the unlicensed practice with a $1,000 fine to be paid within 120 days of the effective date of the order, 3 years probation, completion the Law Ethics and Professionalism (LEAP) course within one year of the effective date of the order, 5 hours CE in Risk Management within one year of the effective date. A letter of concern is to be mailed to all employers of hygienists with a lapsed license concerning aiding and abetting unlicensed practice.

The board also allows reinstatement consent orders that have been signed by the licensee and returned to the board office to be accepted upon receipt, with the Executive Director signing for the Board President.

If reinstatement is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when the license is reinstated.

The implications of a licensee practicing without a license are far-reaching. Employees/associates working with an unlicensed person could be subject to disciplinary action for aiding & abetting unlicensed practice; Medicaid & Medicare charges during the unlicensed period may be subject to denial or reimbursement; malpractice providers may not cover the individual during the unlicensed period.

All reinstatement applications must be reviewed and approved by the Board.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Do Not Write In This Section:
Receipt#: _____
Amount: _____
Applicant #: _____
Initials/Date: _____

Address: 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303
Telephone #: (404) 651-8000
Fax #: (678) 717-6694
Website: www.gbd.georgia.gov

APPLICATION FOR DENTAL HYGIENE REINSTATEMENT

Application Fee $ 375 (non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

Name as desired on License

_____
First Middle Last

Name as shown on exam records or transcripts (if different)

_____
First Middle Last

_____ _____ _____
Social Security Number* **Date of Birth** **Email Address**

Physical Address _____
Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

_____ _____
Telephone Number Day Telephone Number Evening

***This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A.§20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards or other regulatory agencies for license tracking purposes.**

LAPSED/EXPIRED LICENSE NUMBER: _____

1. Date last renewed:_____ State reason license not renewed: _____

_____

_____

2. Have you practiced as a dental hygienist in the State of Georgia since your license expired?

_____ YES _____ NO *****NOTE – IF YOU ARE PRACTING IN GEORGIA & YOUR LICENSE HAS EXPIRED – YOU CANNOT CONTINUE TO PRACTICE UNTIL YOUR LICENSE HAS BEEN REINSTATED – YOU MUST IMMEDIATELY CEASE & DESIST PRACTICE.*****

3. If you are now or have ever been licensed to practice dental hygiene in another state or country, you are required to complete the following information in chronological order:

State/Country	Date of Licensure	License Granted by EXAM	or RECIP.	Status of Licensure (current, inactive, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Do you intend to practice dental hygiene in Georgia? ____YES ____NO
If YES, in what specialty? _____

5. Have you served in the Armed Forces of the U.S.? ____YES ____NO.
If so, list dates_____Discharge date _____ T
Type of discharge _____ If other than honorable, furnish complete details.

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place and reason, and disposition of the matter.

		YES	NO
6.	Have you ever been treated or hospitalized for drug or alcohol abuse?	☐	☐
7.	Have you ever been convicted of a violation of any Federal, State or Local Statute?	☐	☐
8.	Have you ever been denied the privilege of taking an examination given by any state board or been denied a certificate of license?	☐	☐
9.	Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action?	☐	☐
10.	Have you ever had your hospital privileges limited, denied or revoked?	☐	☐
11.	Have you ever been denied a DEA registration number or been issued a restricted DEA registration?	☐	☐
	If currently registered, give number and state of issue. Number_____State _____	☐	☐

12. Have you ever had any malpractice suits filed against you? ☐ ☐

13. Have you ever been denied membership in any dental hygiene association or society, or specialty society? ☐ ☐

14. Have you ever resigned from a hospital staff after a complaint or peer review action has been initiated against you? ☐ ☐

15. Have you ever voluntarily surrendered a dental hygiene license, a controlled substances registration or DEA registration? ☐ ☐

16. To your knowledge, are you the subject of an investigation by any licensing board or hospital as of the date of this application? ☐ ☐

17. Attach a complete resume of all of your dental hygiene activities, including your present position and specialty.

18. Attach documentation supporting mandatory continuing education credits.

19. Attach a copy of current CPR certification.

20. References: Listed below are four references whom I have supplied with the proper form that was included in my application packet.

I understand that it is <u>my responsibility</u> to see that these <u>forms are returned</u>. I certify these references are not related to me, nor are they connected with any dental college I attended.

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

AFFIDAVIT OF APPLICATION

I acknowledge and state that I have read the Application Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules.

I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I hereby authorize the Georgia Board of Dentistry to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Georgia Board of Dentistry, its agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 16 & 17 of this application.**

2) _____I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Dentistry and/or criminal prosecution.

SIGNATURE PAGE FOR AFFIDAVIT OF APPLICATION

This is to certify that the foregoing information is true and correct to the best of my knowledge.

_____
Signature of Applicant

(PHOTOGRAPH)
Date _____ Please attach recent photograph

_____
(Print Name Above)

County_____State_____

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

_____ **Notary Public**

Notary: Do not notarize this section unless photograph is attached.

Sworn to and subscribed before me this _____ day of _____, _____.

(SEAL) My Commission Expires_____

STATE LICENSURE CERTIFICATION

TO THE APPLICANT: Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dentistry/dental hygiene. This form may be reproduced as necessary.

TO: _____ Board of Dentistry

I am applying for licensure and the Georgia Board requires that your Board complete this form in order for my application for licensure to be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for review by the Georgia Board in its consideration of me for licensure.

My license number _____ was issued by your Board on _____ on the basis of ( ) State Board Exam, ( ) Reciprocity/Endorsement, ( ) National Board, ( ) Credentials, ( ) Other _____.

_____

Applicant's Full Name (print or type) Address

_____ _____

Signature City State Zip

This section to be completed by an official of the above referenced licensing board.

<u>Please return this form directly to the applicant in a sealed envelope</u>.

Dental/Dental Hygiene license number _____ to practice dentistry/dental

hygiene in the State of _____was issued on _____ day

_____, _____.

Is license current and in good standing? **( ) Yes ( ) No***

Has any disciplinary action ever been taken against this license? **( ) Yes* ( ) No**

***Please provide complete details, including copies of any documents.**

_____ _____

Signature Date

_____

Title (B0ARD SEAL)

_____

Licensing Board

06/19/2013

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303

CONSENT FORM

I hereby authorize the Georgia Board of Dentistry ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (Print)

_____
Physical Address (P.O. Boxes NOT Accepted)

_____
City, State, Zip

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

_____ _____
Signature of Applicant Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children

06/19/2013

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
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Atlanta, Georgia 30303

REINSTATEMENT REFERENCE FORM

(You may duplicate this form)

NAME OF APPLICANT: _____

TO REFERENCE SOURCE: Please complete this form, sign it, and send it to the applicant in a **sealed envelope**. Your response is treated confidentially, pursuant to Georgia law. All applicants are required to sign a general release which is on file at the Board office. Please answer all questions.

FROM:_____
Full Name Phone Number including Area Code

_____
Address

_____
City State Zip Code

1. How long have you known the applicant? _____years

2. In what capacity have you known him/her?
_____
_____

	YES	NO
3. Have you ever received reports of poor dental/dental hygiene practice by this dentist/dental hygienist **OR** have you discussed concerns you had about his/her practice?	☐	☐
4. Are you aware of any derogatory information about this person with respect to his/her ability to practice dentistry/dental hygiene?	☐	☐
5. Does he/she enjoy professional respect among his/her colleagues and in the community where he/she practices?	☐	☐
6. Are you aware of any lawsuits having to do with dental/dental hygiene practice that this dentist/dental hygienist has either lost or settled out of court?	☐	☐

COMMENTS:
_____
_____

_____ _____ _____
Signature Date Title

06/19/2013

MALPRACTICE QUESTIONNAIRE

_____
Name of Dentist/Dental Hygienist Business Telephone

_____
Address City, State, Zip

MALPRACTICE CHARGES/ALLEGATIONS: Include name of patient, age, sex, date of occurrence and location (include address).

_____
_____
_____
_____
_____
_____

List names of other dental hygienists and/or physicians:

_____
_____
_____

DISPOSITION: ☐ Pending ☐ Settled If settled, provide the following information:

Settlement Date_____

Total Settlement Amount_____

Amount Attributable to you: _____ ☐ In Court ☐ Out of Court

The Board requires that you furnish documentation of the above information directly from the insurance company or attorney to the above address. Such documentation should include plaintiff's complaint, settlement agreement, and/or court order.

_____ _____
Signature Date

COMPLETE ONE QUESTIONNAIRE ON EACH MALPRACTICE SUIT
YOU MAY DUPLICATE THIS FORM.

If not, applicable, please write (N/A), sign and return with completed application.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

_____

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A driver's license issued by one of the United States, the District of Columbia, theCommonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
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CANDIDATES MUST SUBMIT A COMPLETED JURISPRUDENCE EXAM ALONG WITH A COMPLETED APPLICATION WITH NECESSARY DOCUMENTS IN ORDER TO HAVE A COMPLETE APPLICATION.

Name _____ **Social Security Number**_____
Address _____
_____
_____ **Date** _____

JURISPRUDENCE
DENTAL HYGIENE EXAMINATION

TRUE OR FALSE: Place the appropriate **word** in the space provided. Each question will be awarded 4 points.

(Questions 1 thru 6)
A dental hygienist holding a license in Georgia may be disciplined if he/she has:

_____ 1. provided dental screening at a pre-approved health fair setting.

_____ 2. made misleading, deceptive, or untrue representations in the practice of dental hygiene.

_____ 3. continued to work on a patient after the dentist has left the dental office.

_____ 4. had his/her license revoked, suspended, or annulled by any lawful licensing dental authority other than the Georgia Board of Dentistry.

_____ 5. been convicted of a crime involving moral turpitude.

_____ 6. allowed an unlicensed person to practice dental hygiene by using his/her license registration.

GENERAL (Questions 7 thru 14)

_____ 7. Dr. Joe performs an initial oral exam; Mrs. B, Dr. Joe's assistant, polishes the patient's teeth and the patient is charged for prophylaxis. This is an appropriate charge.

_____ 8. A dental assistant may perform a rubber cup prophy but not scale.

_____ 9. A dental hygienist was asked to perform dental screenings at a board approved health fair setting. The requirement of direct supervision does not apply.

_____ 10. A dentist is late for an appointment, Georgia Law allows the dental hygienist to begin treatment before the dentist arrives.

_____ 11. A licensed dental hygienist is allowed to air polish, micro etche, and also use air abrasion.

_____ 12. It is fair and ethical to use any means to draw patronage from the practice of the hygienist's former dentist-employer.

_____ 13. The requirement of direct supervision does not apply to the educational training of hygiene students.

_____ 14. All continuing education hours must be received during the two-year Renewal period to which they are applied.

Georgia Law allows a hygienist to:

_____ 15. condense a final amalgam restoration.

_____ 16. make final impressions for crowns and bridges.

_____ 17. dry the MB canal of #30 with an absorbent point and place a soothing medicament if instructed to do by Dr. Jones a licensed and registered dentist.

_____ 18. make final impressions for partial dentures.

Multiple Choice. Choose the BEST answer to make the statement a true statement.

_____ 19. Who is responsible for the actions of the dental assistant?

(a) the office manager
(b) the attending dentist
(c) the dental hygienist
(d) the treatment coordinator

_____ 20. A dental assistant may perform all of the duties of a dental hygienist under which conditions?

(a) no circumstance.
(b) when the hygienist is on sick leave.
(c) when there are too many patients to be seen.
(d) when the hygienist instructs the dental assistant to do so

_____ 21. According to Georgia Rules, how many scientific hours are required for continuing education?

(a) 5
(b) 12
(c) 15
(d) 20

_____ 22. How many hours does CPR count toward continuing education credits for a dental hygienist?

(a) four
(b) five
(c) eight
(d) ten

_____ 23. The dentist has administered Nitrous Oxide to the patient and has left the operatory. The patient informs you that he does not feel any effects of the gas. It is legal for you as a dental hygienist to increase the Nitrous Oxide level:

(a) 0%
(b) 10%
(c) 15%
(d) 20%

_____ 24. According to Georgia Law, practicing as a dental hygienist without a license is:

(a) a felony
(b) a misdemeanor
(c) unethical conduct
(d) exploitation

_____ 25. Current CPR certification may be obtained by demonstrating skills in:

(a) one and two man CPR with management for airway for seniors.
(b) one and two man CPR with management for airway for adults.
(c) one and two man CPR with management for airway for adults, children, and infants.
(d) one and two man CPR with management for airway for adults, children, and special needs citizens.

****

********Please print carefully. This will be used to notify you of your test results.*********

LAWS AND RULES EXAMINATION
FROM THE GEORGIA BOARD OF DENTISTRY

SCORE:_____

- ❑ **PASSED**
- ❑ **FAILED**

Name _____
Address _____
_____

06/19/2013

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303

Georgia Board of Dentistry
Jurisprudence Examination Dental/Dental Hygiene

Rule 150-3-.01(6); Rule 150-5-.02(9): In determining whether an applicant has met the requirements for licensure, an applicant must receive a passing score of 75 or greater on the Georgia jurisprudence examination. Such score will be deemed valid for a period not to exceed one year from the date in which the examination was administered.

AFFIDAVIT of Applicant:

I, _____, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Georgia Law and Rules.

I have read the Georgia Law and Rules regulating the practice of dentistry in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with O.C.G.A. § 43-11-47(a)(2) and O.C.G.A. § 43-11-72, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding by a majority of the Board that a licensee or applicant has knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of dentistry or **on any document connected therewith**.

Witness my signature, the _____ day of _____, 20___.

_____
Signature of Affiant

Sworn to and subscribed before me this ____ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____

06/19/2013

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure & verifiable document to the Board office as indicated on the application. For renewal applications, you may upload with your online submission, email to dentistry@dch.georgia.gov, fax to 770-344-5755, or mail to the Board office: 2 Peachtree Street, 6th Floor, Atlanta, GA 30303.

Print Name: _____ **License Number:** _____

APPLICANT AFFIDAVIT:
I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (check one):

1)_____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure and/or criminal prosecution.

_____ _____
Signature of Applicant Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____who deposes and swears that he/she is the person who executed this affidavit
(Applicant's Printed Name)

for a professional license application in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires:_____ *(Notary Seal)*